## FEC FORM 1

3020413080

## STATEMENT OF ORGANIZATION



13 SEP 27 PM 2:55

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			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Bob Casey for Se	enate Inc		
ADDRESS (number and street)	PO Box 58746	<u> </u>	
☐	Philadelphia		PA 19102 STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	CITY ▲		STATE ▲ ZIP CODE ▲
(Check if address is changed)	talia@bobcasey.com		· · · · · · · · · · · · · · · · · · ·
• ,	Optional Second E-Mail Add	dress	
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)	http://www.bobcasey.com		
		+ 1	
2. DATE 09 2	_ 1 4		
3. FEC IDENTIFICATION N	umber ▶ CC	00431056	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	r Charles Lyons		
Signature of Treasurer Chart	les Lyons Caron	<del>-</del>	Date 09 20 2013
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g.
Office Use Onty		For further information of Federal Election Commiss Toll Free 800-424-9530	CCL. CLICKI I

	FEC	Form 1 (Hevised 02/2009)					
5.		TYPE OF COMMITTEE					
	Candid	ate Committee:					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(p)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate	Robert P. Casey Jr.					
	Candidate Party Affi	liation DEM Sought: House X Senate President					
	(c)	District U  This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of						
	Candidate						
	Party C	committee:					
	(d)	(National, State (Democratic, Republican, etc.) Party.					
	Politica	l Action Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
	, , <u>)</u>						
•		Membership Organization Trade Association Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.					
	(f) i	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint FL	Indraising Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	С	ommittees Participating in Joint Fundraiser					
	-						
	1.	FEC ID number C					
	2	FEC ID number C					
	3	FEC ID number					
	4	FEC ID number					

FEC Form 1 (Revised	02/2009)		rage 3
Write or Type Committee Nan	ne		
Bob Casey for	Senate Inc		
6. Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representative, o	or Leadership PAC Sponsor
Keystone Victory Fun	d <sub>                                      </sub>	<u>                                     </u>	
	PO Box 58746	<del>]                                    </del>	<u> </u>
Mailing Address		<u> </u>	
	Philadelphia	PA	19102
	CITY	STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee	Joint Fundraising Representati	ve DLeadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number op	tional) and position of the pe	rson in possession of committee
Charles Full Name	_yons PO Box 58746		<u> </u>
Mailing Address			
	Philadelphia	PA PA	19102
Title or Position	CITY	STATE	ZIP CODE
Treasurer	111111111	Telephone number	15 - 880 - 7224
8. <b>Treasurer:</b> List the name a any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	treasurer of the committee;	and the name and address of
Full Name Charles of Treasurer		<u> </u>	
Mailing Address	PO Box 58746		11111111
	Philadelphia CITY	STATE	21P CODE
Title or Position Treasurer		Telephone number 1	5 - 880 - 7224

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		C	ITY	. 1 . 1		STATE	LLL	ZIP COD	<u> </u>
		i		Te	elephone nu	mber			1 1 1
xoxes or mair	ntains funds.	iks or other	depositories	in which	the commi	ttee deposits	funds, hold	ds account	s, rents
<sub>I</sub> PNC B	ank ,	1 1 1	1 1 1 1 :	1 1 1	1 1 1 1	1 1 1 1 1			1 1 1 1 . 1 .
<b></b>	1600 Market	Street	1 1 1 1 1	1 1 1	1 1 1 1	1		[ ]	1 1 1
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	Philadelphia					PA	19102		
		(	XITY			STATE		ZIP COD	E
Depository,	etc.								
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				1 1 1				1 1 1	1 1 1 1
3			<del></del>		·				
<b>&gt;</b>		_					1 1 1 1		
3						DC	L		
	Depositorioxes or main Depository,	PNC Bank  1600 Market	Depositories: List all banks or other oxes or maintains funds.  Depository, etc.  PNC Bank  1600 Market Street  Philadelphia	Depositories: List all banks or other depositories oxes or maintains funds.  Depository, etc.  PNC Bank  1600 Market Street  Philadelphia Philadelphia	Depositories: List all banks or other depositories in which oxes or maintains funds.  Depository, etc.  PNC Bank  1600 Market Street  Philadelphia Philadelphia	Depositories: List all banks or other depositories in which the commitoxes or maintains funds.  Depository, etc.  PNC Bank  1600 Market Street  Philladelphia  Philladelphia  CITY	CITY STATE  CITY STATE  Telephone number  Depositories: List all banks or other depositories in which the committee deposits oxes or maintains funds.  Depository, etc.  PNC Bank  1600 Market Street  Philadelphia  PA  CITY STATE	CITY STATE  Telephone number	CITY STATE ZIP COD  Telephone number

FEC Form 1 (Revised 02/2009)

Page 4

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1 (Revised	06/2011)		Page 5
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ains funds.	•	olds accounts, rents
I PNC B	ank,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11111111	1
Mailing Address	650 Pennsylvania Ave SE		
	<u> </u>	1.1.1.1.1	
	Washington		003
	CITY 🛦	STATE 4	ZIP CODE
Name of Any Connected Ore	ganization, Affiliated Committee, Joint Fundraising R	onvacantativo ar Loada	[ADDITIONAL]
Ohio Pennsylvania Vi	_	epresentative, or Leade	I I I I I I I I I I I
1			
Mailing Address	600 Pennsylvania Avenue, SE	1 1 1 1 1 1 1 1	
· ·	Suite 210		
	Washington	DC 2	0003
	CITY	STATE	ZIP CODE
Relationship:  Connected Organization	Affiliated Committee X Joint Fundraising Re	epresentative Lead	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
	**************************************		_
Title or Position ♥	CITY &	STATE	ZIP CODE
	Teleph	none number	
			[ADDITIONAL]
Joint Fundraiser Participant		, ,	[,,55]
سسسسسا	F	EC ID number C	

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NANCY ERICKSON SECRETARY

362641368

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

DANA K MCCALLUM SUPERINTENDENT

HART SENATE DIFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

THE PRECEDING DOCUMENT WAS: 9.27.13
HAND DELIVERED Date of Receipt
USPS FIRST CLASS MAILPostmark
USPS REGISTERED/CERTIFIEDPostmark
USPS PRIORITY MAIL
USPS EXPRESS MAILPostmark
OVERNIGHT DELIVERY SERVICE: SHIPPING DATE NEXT BUSINESS DAY DELIVERY
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UPS ————————————————————————————————————
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POSTMARK ILLEGIBLE   NO POSTMARK
FAXDate of Receipt
OTHER
PREPARER DH DATE PREPARED 9-27-13



